

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 141
Registered No. 12

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bob Meddigovich { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. L 4. Twin, triplet or other L 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Jan 12, 1929
Month Day Year

8. FATHER Full name George P. Meddigovich 14. MOTHER Full maiden name Minnie Gregovich
9. Residence (Usual place of abode) Globe, Ariz. 15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 42 (Years) 16. Color or race white 17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Jugo Slavia 18. Birthplace (city or place) Jugo Slavia
(State or country) (State or country)

13. Occupation Dayman 19. Occupation Housewife
Nature of industry Nature of industry

20. Number of children of this mother three (a) Born alive and now living three
(Taken as of time of birth of child herein (b) Born alive but now dead none
certified and including this child.) (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 PM on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature T. C. Harper
Physician (Physician or midwife).

Given name added from _____ Address Globe, Arizona
a supplemental report. _____
Month, day, year 2/10 - 1929 Filed 2/10 1929 S. E. Wightman
Registrar Registrar